

# FEE TRANSMITTAL

For FY 2005

Complete if Known

Application Number	09/934,224
Filing Date	August 21, 2001
First Named Inventor	YeYi Wang
Examiner Name	2654
Art Unit	Han, Qi
Attorney Docket Number	M61.12-0385

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

400

## METHOD OF PAYMENT (Check all that apply)

- ☒ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (Please Identify): \_\_\_\_\_
- ☒ Deposit Account - Deposit Account Number: 23-1123   
 Deposit Account Name: Westman, Champlin and Kelly
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayment of fee(s)   
☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

<u>Fee Description</u>				<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200	100
Multiple dependent claims				360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
20	- 20 or HP = 0	x 50	= 0	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20				360	0
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
5	- 3 or HP = 2	x 200	= 400		
HP = highest number of independent claims paid for, if greater than 3					

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	250	= 0

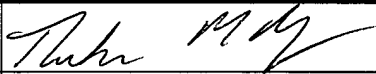
### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

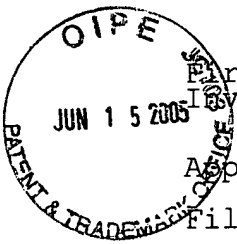
Other:

Fee(s) Paid (\$)

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	39,758	Telephone: 612-334-3222
Name (Print/Type)	Theodore M. Magee	Date:	6-13-05	

2654



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor : YeYi Wang  
Appln. No.: 09/934,224  
Filed : August 21, 2001  
For : METHOD AND APPARATUS FOR  
USING WILDCARDS IN SEMANTIC  
PARSING  
Docket No.: M61.12-0385

Group Art Unit: 2654  
Examiner: Han, Qi

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I HEREBY CERTIFY THAT THIS PAPER IS BEING  
SENT BY U.S. MAIL, FIRST CLASS, TO THE  
COMMISSIONER FOR PATENTS, P.O. BOX 1450,  
ALEXANDRIA, VA 22313-1450, THIS

13<sup>th</sup> DAY OF June, 20<sup>05</sup>  
*Arthur H. H. H.*  
PATENT ATTORNEY

Sir:

This is in response to the Office Action mailed on June 3, 2005 in which claims 1-6, 9-10, 13 and 14 were rejected and claims 7-8, 11-12 and 15 were objected to. Please amend the above-identified application as follows.